Government of the District of Columbia
Department of Health
Health Professional Licensing Administration

BOARD OF MARRIAGE AND FAMILY THERAPY
Grandfathering Waiver Application

WAIVER OF EXAMINATION AND EDUCATION REQUIREMENTS FORM

DIRECTIONS TO THE APPLICANT Complete the following form. Please complete both Part 1 and Part 2 of this form and attach any documentation that will be needed.
Name of Applicant (please print)

_____

PART 1

How did you obtain at least twenty-four (24) hours of family systems theory training? (Please check one of the following)

_____**1. Attending an accredited college course in family systems theory for one (1) semester.** *Please submit a transcript to provide sufficient documentation of the training.*

_____**2. Attending a Board-approved workshop or seminar.**
Please submit a certificate of completion from the completed training course.

_____**3. Working under immediate supervision of a Board-approved marriage and family therapist while performing the functions of a marriage and family therapist in face-to-face contact with clients for twenty-four (24) hours.**
Please submit a notarized statement of attestation from the supervisor.

PART 2

FOR APPLICANTS WHO ARE LICENSED IN AN ALLIED FIELD: Please submit a notarized sworn statement of attestation from the supervisor that the applicant has been performing the functions of a marriage and family therapist with at least seven hundred and fifty (750) hours of face-to-face contact with clients per year for at least two (2) years immediately preceding March 1, 2007.

FOR APPLICANTS WHO ARE UNLICENSED IN AN ALLIED FIELD IN THE DISTRICT OF COLUMBIA: Please submit a notarized sworn statement of attestation from the supervisor that the applicant has been performing the functions of a marriage and family therapist with at least five hundred (500) hours of face-to-face contact with clients per year for at least five (5) years immediately preceding March 1, 2007.

FOR OFFICE USE ONLY
Date supervision form Submitted: _____
Date supervision will end: _____
DC SEAL
HPLA Staff Signature: _____
(202) 724-4900